PTO/SB/17 (10-07)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
						10/792,122-Conf. #3925		
FEE TRANSMITTAL			Filing Date		March 3, 2004 Steven T. ANTOCH			
For FY 2008						IOCH		
Applicant claims small entity status. See 37 CFR 1.27						A. Gofman 2162		
				74t Oliat		5486-0194PUS1		
TOTAL AMOUNT OF PAYMENT (\$) 1,740.00			Attorney Docket No. 5486-0194F			51		
METHOD OF PAYME	NT (check all	that apply)						
Check Credit		Money Order	Nor		please identif			
X Deposit Account Dep	posit Account Num	ber. 02-	2448	Deposit	Account Name	Birch, Stewa	art, Kolase	ch & Birch,
For the above-idea	ntified deposit	account, the D	irector is	hereby authorize	d to: (ched	k all that apply)		
x Charge fee(s) indicated be	elow		Charg	e fee(s) inc	licated below, e	xcept for 1	the filing fee
fee(s) under	additional fee 37 CFR 1.16	(s) or underpay and 1.17	ments of	x Credit	any overp	ayments		
FEE CALCULATION								
1. BASIC FILING, SEARC								
	FILIN	IG FEES Small Entity	SEA	ARCH FEES Small Entity	EXAMIN	IATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$	Fee (\$)	Fee (\$)	Fee (\$)	Fees	Paid (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description Each claim over 20 (inclu	ding Reissues	a)					Fee (\$) 50	Fee (\$) 25
Each independent claim over 3 (including Reissues)							210	105
Multiple dependent claims	s						370	185
Total Claims Extra Claims Fee (\$) Fee I			Fee F	aid (\$) Multiple Dependent Claims				
- = x = HP = highest number of total claims paid for, if greater than 20.					Fe	e (\$)	Fee Paid (<u>\$)</u>
								_
Indep. Claims Extra	Claims _	Fee (\$)	Fee F	aid (\$)				
HP = highest number of indepe	undant claims pai	d for, if greater tha	n 3.	•				
3. APPLICATION SIZE FE	Ε							
If the specification and d	rawings exce							
listings under 37 CFR sheets or fraction ther					or small er	ntity) for each a	dditional 5	0
	Extra Sheets			dditional 50 or frac	tion thoron	f Fee (\$)	Foo	Paid (\$)
- 100 =				(round up to a who				raiu (s)
4. OTHER FEE(S)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(round up to a mile	io maniper,	•	Fees	Paid (\$)
Non-English Specifical	tion, \$130 fe	e (no small en	ity disco	ount)				
Other (e.g., late filing s	surcharge): 1	801 Request	for cont	inued examinat	ion (RCE) (see 37		10.00
	<u> 1</u>	253 Extension	n for res	ponse within th	ird month		9	30.00
SUBMITTED BY								
Signature Elec	alure du Jam #58,755			Registration No. (Attorney/Agent)	egistration No. 29,680 Telephone (703) 205-8000			
Name (Print/Type) Michael	K. Mutter					Date	October	18, 2007